PHD 99.130 US

(if applicable).

RATION and POWER OF A

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my harmane.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled 'Method of and device for the acquisition $\,$ f a thr $\,$ e-dimensional image data $\,$ s $\,$ t of a periodicallly organ of the body"

the specification of which (check one)

he specification.

It is attached hereto.

25 September 2000

_ as Application Serial No. __09/668,938

and was amended on

ATTORNEY'S DOCKET NO.:

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APP. NUMBER	DATE OF FILING (DATE, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Germany	19946092.2	25 September 1999	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1,56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward Blocker, Reg. No. 30,245

SEND CORRESPONDENCE TO: Corporate Patent Counsel;

DIRECT TELEPHONE CALLS TO:

(name and telephone No.) U.S. Philips Corporation;

(914) 332-0222 580 white Plains Road; Tarrytown, NY 10591

Dated:		Inventor's Signature:	Mull (rams)	
16 Octobe	er 2000		- Ouch I relieved !	
Full Name of in	Last Name	First Name	Middle Name	
Inventor	RASCHE	Volker		
Residence &	City	State of Foreign Country	Country of Citizenship	
Citizenship	Hamburg	Germany	Germany	
Post Office Address	Street	City	State of Country	Zip Code
	Friedrichshulder W g 63E	D-22547 Hamburg	Germany	
Dated: 18 October 2000		Inventor's Signature:	Mi Irail Graf	
Full Name of in	Last Name	First Name	Middle Name 7 0	
Inventor	GRAß	Michael		
Residence &	City	State of Foreign Country	Country of Citizenship	
Citizenship	Hamburg	Germany	Germany	
Post Office Address	Street	City	State of Country	Zip Code
	Albertine-Assor-Strass 8E	D-22457 Hamburg	Germany	